



RESEARCH ARTICLE

Frontlines of fear and healing: COVID-19 community quarantine narratives of Filipino community health workers

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Abstract

Although Filipino community health workers (CHWs) played a critical role during the COVID-19 community quarantine, many of them carried physical and psychological burdens. While various studies have indicated the negative experiences of healthcare workers during a health crisis, limited studies have explored the fear-related experiences of Filipino CHWs and their coping strategies to navigate these emotional challenges. Through a phenomenological study, this research gathered the narratives of seven female CHWs, including five Barangay Health Workers, one Municipal Midwife, and one Municipal Epidemiology and Surveillance Unit officer, assigned to three different barangays in Bay, Laguna. A semi-structured interview allowed the participants to share their fear and healing experiences during community quarantine. The results revealed that Filipino CHWs endured fear and anxiety about their health, as well as the well-being of their family members and the vulnerable population. Hence, they distanced themselves from their families by living in the workplace during the quarantine period. Despite these fear-related experiences, the families of the participants remained supportive, standing by their side even as they maintained distance. Coworkers also acted as a second family, offering emotional and practical support. These meaningful relationships helped them endure the challenges of the pandemic and continue their service to the community. These findings called on policymakers to empower the healthcare sector by not only prioritizing the physical well-being of CHWs but also their psychological welfare. Furthermore, support groups and health professionals may consider the role of family members in addressing the mental health challenges associated with the COVID-19 pandemic.

Keywords: Community Health Workers; Coping Strategies; COVID-19; Family Distancing; Fear; Healing; Philippines

INTRODUCTION

The coronavirus disease 2019 (COVID-19) first occurred in Wuhan, China, in December 2019 after detecting a series of pneumonia cases related to this novel virus (Guo et al., 2020). The accurate origin of COVID-19 is still unknown. However, upon undergoing virus genome sequencing, Zhou et al. (2020) reported that COVID-19 revealed a 96.2% total genome sequence identity when linked to the Bat CoV RaTG13. Another study suggested that the novel coronavirus was initially hosted by bats and then transmitted to humans through pangolins or other wild animals (Zu et al., 2020). Most human-to-human COVID-19 transmission in China happens within families, including close friends and relatives directly contacting patients or incubation carriers (Guan et al., 2020).

Several studies indicated that the COVID-19 pandemic had physical and mental health implications for various populations (Abdelfattah et al., 2021; Buenaventura et al., 2020). For instance, Adigun (2020) identified that despite the mild effects of COVID-19 on the physical well-being of children, the pandemic still affected their mental and emotional health. In parallel with this, another study discussed that Filipino children expressed sadness, disappointment, fear, and anger during the COVID-19 pandemic (Agbing et al., 2020). Moreover, children with intellectual disabilities are among the vulnerable populations due to their inability to protect themselves from the virus. Their cognitive and intellectual skills impose limitations in comprehending preventive measures that lessen the spread of COVID-19 (Courtenay et al., 2020). Hence, parents of children with exceptionalities experience feelings of fear and worry over the likelihood of their child contracting the virus (Abdelfattah et al., 2021).

In adult populations, the research of Zhang and Ma (2020) identified that local adult residents in Liaoning Province, China, went through stress, helplessness, and lower quality of life during the COVID-19 pandemic. On the other hand, the weaker immune response of older adults

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(Nikolich-Zugich et al., 2020) and higher risk of medical comorbidities resulted in an increased number of hospitalizations (Garg et al., 2020) and virus-related mortality (Verity et al., 2020) as compared to young adults. Regarding mental health, older adults with recurring psychiatric concerns experience further distress (Lima et al., 2020; Williams, 2020). Buenaventura et al. (2020) highlighted that poverty can aggravate the vulnerability of older populations in the Philippines. Another study indicated that many older adults suffered from losing independence, social engagement, and economic security (Ishikawa, 2020). These instances contribute to their feelings of loneliness and fear of mortality (Girdhar et al., 2020; Saltzman et al., 2020).

As stressful events associated with COVID-19 developed fear, worry, and loneliness (Dodd et al., 2022; Ishikawa, 2020), the individuals susceptible to the virus were hesitant to disclose their social contact, symptoms, and travel history as they feared hospitalization and social stigmatization (Sun et al., 2021). Due to the fear of contagion, people adjusted their future career plans and avoided learning opportunities requiring frequent face-to-face interactions (Cleofas, 2021). Nevertheless, avoidance coping, such as denial and self-blame, only led to higher levels of depressive symptoms and a lesser quality of life (Shamblaw et al., 2021).

Aside from the categories differentiated by developmental stages, medical personnel dealing with COVID-19 on the frontline are also vulnerable (Fang et al., 2021; Olateju et al., 2022). A study in China stated that nurses felt anxious, worried, and stressed as they risked their lives caring for COVID-19 patients (Mo et al., 2020). Community health workers (CHWs) in the Philippines are essential to controlling the spread of COVID-19. They accompany susceptible patients and initiate testing to confirm the diagnosis of the virus (Ballard et al., 2020; Sadang, 2021). Additionally, health professionals assist patients in quarantine facilities and hospitals and then monitor them after discharge (Sadang, 2021).

However, healthcare workers from developing countries suffer from physical and mental exhaustion as a consequence of increased responsibilities, public misconceptions, stigmatization of COVID-19 patients, and delayed care accessibility (Olateju et al., 2022). Philippine medical personnel experienced fear, worry, and social isolation while working on the frontline to combat the COVID-19 pandemic (De los Santos & Labrague, 2021; Sadang, 2021). Moreover, Filipino healthcare workers who recovered from the virus reported feelings of preoccupation, paranoia, and helplessness (Carascal et al., 2022).

The present study incorporated the healing strategies of Filipino CHWs during the COVID-19 pandemic. As the community quarantine forced people to stay at home, the family was a primary source of social support (Goodwin et al., 2020). In the context of the COVID-19 pandemic, families could not visit their hospitalized family relatives for an extended duration. They were constantly worried about the health status of their children, fearing the potential infection of COVID-19 within the hospital environment (Luttik et al., 2020). On the other hand, patients felt relieved as their family relatives expressed care and concern through consistent phone communication (Klop et al., 2021). Additionally, family support reduces emotional strain by allowing individuals to share their experiences and vent their emotions (Mariani et al., 2020).

Mental health research about Chinese health personnel indicated that family support was negatively correlated

with loneliness and depression (Fang et al., 2021). In line with this, Filipinos relied on their family and close friends to seek emotional support instead of consulting with a health professional, primarily due to financial constraints and social stigma (Martinez et al., 2020). However, Arada et al. (2021) discussed that Filipino CHWs feared COVID-19 infection since they could transmit the virus to their family members. Therefore, they maintained a physical distance between themselves and their relatives after arriving home. Fear, together with social stigma, contributed to the mental distress experienced by Filipino healthcare workers (Arada et al., 2021; Olateju et al., 2022).

Several studies have already discussed the implications of COVID-19 in developed countries (Fang et al., 2021; Shamblaw et al., 2021; Testoni et al., 2021). Nonetheless, in a developing country such as the Philippines, there is limited information concerning the influence of social support in the healing process of community health workers during the COVID-19 community quarantine. Aside from exploring the experiences of Filipino CHWs, this study seeks to fill the existing gap of information regarding the various roles played by family members in providing support to CHWs in both their professional and domestic responsibilities.

Due to the physical and mental health implications of the COVID-19 pandemic on medical personnel, this study investigated the fear experiences and healing strategies employed by Filipino community health workers during the community quarantine that commenced in March 2020. Specifically, the study aimed to describe the work situation and challenges faced by CHWs, examine the nature and extent of their fear-related experiences, and explore the role of family members and other social relationships in their healing process. Recognizing that the Philippines is a collectivist society where communal support, strong family ties, and religious values are central to day-to-day life, this study also considers how these cultural and spiritual dimensions influence coping behaviors among CHWs.

To understand how CHWs managed the physical and emotional challenges associated with their work responsibilities, this study is guided by two main theories related to stress and coping by Lazarus and Folkman (1984) and social support by Cohen and Wills (1985). In their transactional model of stress and coping, Lazarus and Folkman (1984) emphasized the importance of appraisal in responding to stressful situations. This appraisal involves evaluating whether an event poses a threat and identifying available resources to address the problems. Individuals then cope through problem-focused and emotion-focused strategies. In the context of the COVID-19 community quarantine, this theory explained the responses of Filipino CHWs to their changing work conditions, feelings of uncertainty, and fear-related experiences.

The buffering hypothesis of social support by Cohen and Wills (1985) complements the framework above by emphasizing the protective role of social relationships in managing stress. Cohen and Wills (1985) identified emotional, informational, instrumental, and appraisal support as essential resources for maintaining psychological well-being during times of crisis. In the case of Filipinos, emotional strength is often influenced by their family and community. This theoretical lens also highlighted the healing processes of CHWs that were rooted in culturally embedded practices of care and mutual support. Taken together, these theories provide a strong conceptual foundation for exploring the coping and healing experiences of Filipino CHWs through both individual strategies and collective support. Moreover, this study

remains relevant despite the decreasing number of positive cases, as COVID-19 still poses a persistent threat to the human population, particularly to CHWs who are responsible for containing several contagious diseases. The findings of this research may further inform physical and mental health professionals in developing appropriate and culturally sensitive interventions during and after a pandemic.

MATERIALS AND METHODS

Participant Characteristics and Research Design

The researchers applied a phenomenological qualitative method in this present study. Phenomenological studies under qualitative research concentrate on human perceptions and experiences with a particular phenomenon in the natural environment (Busetto et al., 2020; Vasthare et al., 2024). Renjith et al. (2021) added that qualitative inquiry can examine relationships between healthcare systems and the complex reality of human emotions and behavior. Meanwhile, Hamilton and Finley (2019) reported that qualitative investigations could provide evidence-based health interventions to assist individuals in clinical and community settings. In this study, the researchers examined the fear and healing experiences of Filipino community health workers as they responded to the COVID-19 community quarantine.

Table 1. Socio-Demographic Profile of the Participants (N=7)

Characteristics		n (%)
Gender	Female	7 (100%)
	Youth (18-44)	2 (28.57%)
Age (in years)	Middle aged (45-59)	4 (57.14%)
	Elderly (60+)	1 (14.29%)
Highest educational attainment	College undergraduate	2 (28.57%)
	College graduate	3 (42.86%)
	Vocational degree	1 (14.29%)
	High school graduate	1 (14.29%)
Marital status	Single	1 (14.29%)
	Married	3 (42.86%)
	Separated	1 (14.29%)
	Widowed	2 (28.57%)
Work category	Barangay Health Worker (BHW)	5 (71.43%)
	Municipal midwife	1 (14.29%)
	Municipal Epidemiology and Surveillance Unit (MESU) officer	1 (14.29%)
Infection status	Infected with COVID-19	5 (71.43%)
	Never infected with COVID-19	2 (28.57%)

As shown in table 1, this study gathered the narratives of seven female Filipino community health workers in Bay, Laguna. Five participants operated as Barangay Health Workers (BHWs). One interviewed CHW worked as a municipal midwife, while the remaining participant also served the municipality as a Municipal Epidemiology and Surveillance Unit (MESU) officer. During the COVID-19 community quarantine, these CHWs performed work duties in three different barangays in Bay, Laguna. The participants were selected as they served as Filipino community health workers in a community health center

in Bay, Laguna, when the community quarantine commenced in March 2020. Another criterion included their exposure to COVID-19 patients upon assisting in vaccination programs. The study also required that the interviewed CHWs were above 17 years old and had received their vaccinations without any underlying illnesses during the interview period. In presenting the findings of this qualitative investigation, the researchers assigned pseudonyms to preserve the anonymity of the interviewed CHWs.

Sampling procedures

The researchers recruited the participants by using both purposive and snowball sampling. They were selected based on their direct involvement in frontline health services during the COVID-19 community quarantine. Specifically, the researchers prioritized CHWs who actively performed their work responsibilities as they were designated to specific barangays in Bay, Laguna. These participants were also recruited and interviewed within their respective barangay health stations and rural health offices. Prior to each interview, participants were asked for their permission to audio record the conversation using a voice recording application. They were also informed that no monetary compensation would be provided as they participated in the interview. Although participants were required to be fully vaccinated and free of any illness during the interview, the researchers still followed COVID-19 health protocols and sanitation measures to ensure the safety of the participants.

Sample Size, power, and precision

This study initially aimed to conduct semi-structured interviews with six to eight participants. This target was successfully achieved, as a total of seven participants were interviewed. The data collection was concluded upon reaching data saturation, as no new themes or insights emerged after the seventh interview. The recruitment process was conducted in four different barangays in Bay, Laguna, where only female community health workers were employed in the health offices visited. Hence, all participants included in this study were women. The primary research instrument was a semi-structured interview guide developed by the researchers in alignment with the objectives of the study. To ensure its clarity and appropriateness, the interview guide was validated by a human development expert. During data analysis, the researchers collaboratively reviewed the emerging codes and themes before finalizing the results.

Measures and covariates

Initially, the researchers asked the participants to answer the informed consent form and fill out the demographic data sheet. To gather qualitative data, the researchers conducted a face-to-face semi-structured interview to explore the work experiences of the CHW participants. Open-ended questions allowed the researchers to investigate further their fear and healing experiences during the COVID-19 community quarantine. The researchers conducted the interview by personally visiting the barangay hall and Rural Health Unit (RHU) in Bay, Laguna, where the participants were stationed. The researchers explained the study objectives and allowed the participants to complete the informed consent statement, which followed an ethical standard before asking questions.

Furthermore, the semi-structured interview lasted between 20 and 45 minutes, allowing participants to share their experiences, feelings, and perceptions during the COVID-19 community quarantine. Sample interview questions include the following statements: "What are your duties and responsibilities as a community health worker?", "How would you describe your exposure with COVID-19 patients?", "How did it feel to be in constant contact with COVID-19 patients?", and "Who were your main sources of support during the COVID-19 pandemic?" The researchers audio-recorded the interview and manually transcribed the recordings to ensure accuracy and familiarity with the data.

Data Analysis

The study adopted Colaizzi's seven-step descriptive phenomenological method for data analysis from the article by Morrow et al. (2015). These steps include familiarization with the data, identifying significant statements, formulating meanings, clustering themes, developing an exhaustive description, producing the fundamental structure, and seeking verification of the fundamental structure. Following this method, the researchers first immersed themselves in the data by reviewing and manually encoding the recorded interview transcripts. They then extract all relevant statements that captured the fear and healing experiences of the participants during the COVID-19 community quarantine. From these statements, the researchers examined meaningful patterns and coded them. These codes were organized into clustered themes and subthemes to allow for a deeper interpretation of the data.

Moreover, the researchers developed a detailed narrative to convey the lived experiences of the participants. From this process, an exhaustive description of phenomena was documented while compiling every generated theme. To strengthen the validity of the findings, member checking was conducted by contacting selected participants to review the thematic interpretations and confirm whether these reflected their perspectives. While interpreting the data, the researchers kept a reflexive journal and consistently reviewed the notes and narratives gathered from the participants to ensure that the results remain grounded in their lived realities rather than being influenced by researcher bias.

RESULTS OF STUDY

The present study employed a thematic analysis based on the semi-structured interviews participated by seven CHWs. The themes described the experiences of CHWs in enduring psychological distress, fear, and family distancing during community quarantine. Moreover, the themes examined the role of their family and colleagues in confronting the challenges imposed by the COVID-19 pandemic.

Theme 1. Enduring Anxiety and Fear

During the community quarantine, the participants sensed the persisting presence of fear as they executed their work responsibilities and interacted with other individuals. They were afflicted by anxiety concerning their health, the welfare of their families, and the physical well-being of COVID-19 patients. Placed in a state of vulnerability, they confronted the possibility of acquiring

illness or even facing mortality. Despite the overwhelming anxiety and fear, they sacrificed their well-being to prioritize the health needs of their community.

Subtheme 1.1. Virus Transmission Anxiety

In the work environment, Carmen expressed anxiety regarding the rapid transmission of the virus among the population. She emphasized their efforts to control the spread of COVID-19 by monitoring individuals susceptible to the virus. Barangay health workers (BHWs) would gather information from the affected individuals and their relatives through phone interviews. Upon testing positive for COVID-19, Carmen notified the neighborhood and took precautionary measures by maintaining a physical distance from them. Moreover, Janine expressed concerns about the possibility of contracting the virus as she frequently interacted with COVID-19 patients. She feared the likelihood of unintentionally bringing the virus back to the residence of her family. Similarly, Hilda emphasized that her fear extended beyond her exposure to the virus because this fear was also about the potential transmission of the virus to her family. She conveyed:

Despite feeling exhausted from work, we needed to disinfect ourselves and shower before engaging with our family members. Our concern was not primarily about worsening our condition but rather about eliminating any possibility of carrying and transmitting the virus we might have contracted (P2, Hilda).

Other community health workers (CHWs) were worried about the vulnerable population. For instance, Carmen consistently reminded her elderly aunt to practice self-isolation at home to reduce the chances of contracting the virus. Likewise, Hilda never wanted to expose her elderly father, who has cancer, to COVID-19. Carmen also conveyed her apprehension regarding children who contracted COVID-19, as they might conceal their symptoms. She emphasized that older individuals could articulate their discomfort by expressing, "I could not eat. I feel this pain" (P4, Carmen). However, she highlighted the challenge of guessing symptoms in children. Carmen conveyed a sense of pity when a child had to be transferred to the hospital.

During the COVID-19 pandemic, the CHWs remained mindful of other infectious diseases. Carmen emphasized vigilance against other contagious illnesses, including tuberculosis. She also reminded the barangay residents to take additional precautions, considering the ongoing presence of COVID-19. Amid their frontline roles, there were apprehensions. However, CHWs acknowledged the necessity of fulfilling their responsibilities. Aileen remarked that despite fear, she found fulfillment in serving the community residents. She stated, *"My work was a mixture of joy and apprehension as we cared for our patients while exposing myself to potential danger"* (P1, Aileen). Additionally, she shared that on certain occasions, her family became upset with her for prioritizing the welfare of others above her own.

Subtheme 1.2. Fear of Mortality

In addition to the anxiety of transmitting the virus, the participants in the middle-aged to elderly age category expressed concerns about worsening their existing health conditions due to COVID-19. Carmen, who has a pre-existing condition of asthma, shared her apprehension regarding the possibility of infection. She also emphasized the possibility of her mortality in the event of contracting COVID-19. In line with this, Rona experienced fear when contemplating the escalating number of deaths caused by the pandemic. Moreover, as a MESU officer, Bella revealed

that she was the eighth person to test positive for COVID-19. She asserted that her survival during the community quarantine may not have been possible if she had not demonstrated a strong will.

Theme 2. Exercising Family Distancing

During the community quarantine period, most people were confined to their homes to follow the health protocols. However, in the experience of CHWs, there were occurrences when they needed to leave their homes and live at their workplace to prevent transmitting the virus to their families. Although this action was part of their responsibilities as community health workers, other participants resided at their workplaces by choice. Moreover, as the participants returned to their homes, they strictly followed disinfection and distancing routines to prevent the spread of the virus.

Subtheme 2.1. Leaving Home, Living in the Workplace

The participants underwent several rounds of swab testing throughout the COVID-19 pandemic. In line with this, Aileen needed to undergo quarantine at the barangay hall after coming into contact with confirmed COVID-19 patients. She stayed at the barangay hall while awaiting the results of her swab test. Upon testing negative, Aileen remained at the barangay hall to complete her 14-day quarantine. Aileen expressed, "Being separated from your family was really challenging" (P1, Aileen). Furthermore, Hilda and Bella decided to self-isolate at the Rural Health Unit (RHU). Hilda mentioned that they preferred to avoid constantly traveling back and forth to their family. Hilda revealed that she opted to undergo quarantine at their workplace for nine months. Similarly, Bella refrained from returning home for an entire month. Other BHWs, such as Carmen, Maria, and Rona, maintained distance from their families as they were required to isolate themselves when they tested positive for COVID-19. Moreover, Maria mentioned that there was a time when she was placed under quarantine at Grand Villa Laguna.

Subtheme 2.2. Voluntarily Restraining Contact with Family Members

After arriving home, the community health workers performed many ways to isolate themselves from their family members. For instance, although Aileen acknowledged the importance of bonding with her children, she opted to maintain a physical distance upon returning home due to the potential risk of exposing them to COVID-19. Similarly, when Hilda was under home quarantine, she implemented the following strategies to maintain a safe distance from her family:

I took the initiative to avoid close contact with them. I separated my food and refrained from eating together with my child, especially when I returned home and tested positive for COVID-19. I arranged a chair outside my room and had my bathroom. As my child entered my room, I consciously controlled my breathing to prevent the potential spread of the virus if I was still infected. I simply instructed him to leave the food there (P2, Hilda).

After arriving home, Bella emphasized the importance of taking a shower before engaging with her family members. Regarding extended family, Carmen and Rona underscored that visits from extended family members were strictly prohibited during the community quarantine. Carmen highlighted that, unlike before the COVID-19 pandemic, she could not see her grandchildren in person during the community quarantine. Similarly, despite the desire of Rona to see her family relatives, she refrained

from visiting them at their houses, and they avoided traveling to her house as well. Both Carmen and Rona relied solely on phone communication to stay connected with their extended family. Carmen delivered essential goods to her relatives during the community quarantine to maintain communication and provide financial assistance. Moreover, when her mother tested positive for COVID-19, Carmen expressed that she was unable to visit her in the hospital.

Theme 3. Family as Primary Caregivers

After examining their COVID-19 situation, most participants revealed that their families were the principal support system throughout the community quarantine. Each of their close relatives assumed different roles and responsibilities, which assisted them in managing household affairs and navigating financial difficulties. Furthermore, the participants received emotional support from their immediate and extended family during the challenging times.

Subtheme 3.1. Unconditional Family Acceptance

Despite stigma directed at CHW participants by specific individuals, their families unconditionally accepted their profession. For instance, the family relatives of Hilda and Rona provided strong support, exhibiting a thorough understanding of their work function whenever they interacted with the participants at home. Specifically, the son of Hilda exhibited trust in her capabilities as he acknowledged her competence in handling tasks during quarantine periods. During the home quarantine of Hilda, her son assured her by saying, "Mommy, you will not see me avoiding you." Despite her attempts to maintain a certain distance from him, she recounted that he remained resolute, rejecting her notice by proceeding straight to her room to bring and organize whatever she needed.

On the other hand, the partner of Janine consistently delivered food within the barangay hall and accompanied her during her fieldwork activities. Similarly, the husband of Aileen consistently demonstrated unwavering support during the community quarantine. He consistently provided reassurance that her travel to various locations, fulfillment of job responsibilities, and interactions with different individuals were deemed acceptable. Aileen expressed, "My family served as my primary pillar of support—without their support during those challenging times, I would not have been able to fulfill my work responsibilities" (P1, Aileen).

Subtheme 3.2. Genuine Family Concern

Although there was a need to adhere to thorough physical distancing at home, the family members of CHW participants did not isolate themselves to show care and compassion. In terms of offering emotional support, the families upheld constant communication to inquire about the well-being of the participants. For instance, whenever Hilda had to leave the household, her father consistently reminded her of the importance of prioritizing her physical well-being and exercising caution in her interactions with other people. Furthermore, despite having limited in-person contact, the extended family of Hilda, Bella, Carmen, and Janine took deliberate steps to send comforting messages through chat or video calls. Janine emphasized that her family never avoided her. Moreover, her partner consistently reminded her to take prescribed medications when she was feeling unwell.

In addition to the constant health monitoring, the son of Hilda exhibited genuine concern by assuring that he

would provide care regardless of any health challenges he might encounter. Apart from displaying no indications of avoidance, he extended his support to her mother by saying, "I will still prioritize your well-being even if I were to contract COVID-19." Furthermore, as Carmen remembered her experience of being tested positive for COVID-19, she reflected:

When we are unwell, we wish that other people care for us. Although they may not provide food or medication, simply showing that they remember us can make a huge difference. It was a relief to recognize that there are people who love me and care about me. They granted me the strength to overcome my illness, knowing that I was not alone all along (P4, Carmen).

As the participants experienced economic challenges during the community quarantine, they recounted how their immediate and extended family members played a crucial role in helping them survive the difficulties posed by the COVID-19 pandemic. The spouse of Aileen not only provided emotional support but also exerted significant efforts to ensure a sufficient food supply for the family. In instances when her husband performed his work duties, the father of Aileen stepped in as a caregiver for her 5-year-old son, minimizing the household burden and fatigue. Additionally, she shared that her daughter assisted with household chores whenever she was away for work. On the other hand, Carmen reported that she encountered no financial difficulties throughout the pandemic due to the financial support provided by her son. Furthermore, during an economic crisis in the life of Maria, her sister extended monetary support to her family.

Over the course of the pandemic, participants noted that the support they received from family members evolved in response to the prolonged nature of the crisis. In the early stages, several CHWs recalled that while their families were supportive, they themselves were hesitant to receive their emotional or physical care due to their fear of transmitting the virus. As the situation progressed, their families demonstrated growing trust in their work and fully accepted their roles as frontliners within the community. Despite physical distancing protocols, families adapted by maintaining communication through video calls and messages, ensuring the participants did not feel isolated. Moral encouragement became part of a routine that helped CHWs endure emotional and physical fatigue. By the later stages of the pandemic, many participants viewed their families not only as emotional anchors but also as consistent and dependable partners in managing household and work-related demands. This support extended to practical forms of support, including consistent caregiving, sharing in domestic duties, and providing financial aid.

Theme 4. Coworkers as a Supportive Second Family

In addition to their family members, the participants considered their coworkers a second family. These colleagues provided invaluable emotional support as they experienced work-related challenges and health issues. Furthermore, the participants formed meaningful connections with COVID-19 patients whom they served as CHWs within the barangay and municipality. This interaction resulted in the development of friendships that alleviated the burden of their work responsibilities.

Subtheme 4.1. Constant Assistance of Colleagues

In every task undertaken, the participants acknowledged the presence of their colleagues. The barangay health workers (BHWs) recognized the role

played by the Sangguniang Barangay in accomplishing their duties. For instance, Aileen appreciated the constant guidance from the barangay captain, particularly when unfamiliar with the field. She also cooperated with the Committee of Health and certain barangay councilors to effectively implement COVID-19 interventions. Furthermore, both Aileen and Bella appreciated the support of the Barangay Public Safety Officer (BPSO) in assisting with the transportation of heavy items and delivering goods to COVID-19 patients. In maintaining safety and security, Rona also expressed gratitude for the presence of the BPSO, who accompanied her during her late-night duties.

Other CHWs stationed primarily at the Rural Health Unit (RHU) highlighted the vital role of the BHWs, midwives, nurses, RHU staff, barangay captains, and the municipal mayor throughout the pandemic. Aileen remarked, "Despite the challenges, we were able to fulfill our responsibilities, as collaboration empowered us to accomplish what we needed to do" (P1, Aileen). In canvassing health supplies like oxygen tanks, Aileen reached out to a colleague she also considered a friend within the barangay council for assistance. Similarly, Maria received support from a friend at the health center to ensure the provision of medicines to COVID-19 patients. Bella and Janine emphasized the friendship they shared with their coworkers, noting that their bond grew stronger during the community quarantine as they faced challenges together. They perceived that their colleagues could empathize with their situation and were willing to listen to their sentiments.

During their period of self-isolation, Hilda, Carmen, Maria, and Rona noted that the municipality extended assistance in the form of food and financial support, which catered to their needs for 14 days. Additionally, when Hilda encountered avoidance from a tricycle driver, the municipal mayor readily provided them with daily transportation services. Regarding emotional support from colleagues, Hilda recollected the instances when members of the Sangguniang Barangay, where she was employed, went to her hometown with the sole purpose of visiting her. Although they strictly adhered to health protocols and ensured their visit was brief, Hilda expressed profound appreciation for their dedicated effort during her time of need.

Subtheme 4.2. Gratitude from COVID-19 Patients

As the participants worked with COVID-19 patients and the individuals they encountered, some people demonstrated compassion and appreciation for their frontline efforts. Aileen reflected on the positive emotions she experienced when she observed that the residents who initially avoided her were now placing trust in her service. She conveyed the following sentiment:

It brings a sense of satisfaction knowing that the people I assisted were grateful for my presence during the pandemic. Their expressions of gratitude persist even now. Almost everyone here knew my name; occasionally, they provided me with food (P1, Aileen).

In addition to gaining recognition within the barangay, Janine noted that she developed friendships with the patients they attended to during the community quarantine. Moreover, Bella emphasized that despite the heightened exposure to COVID-19 patients, there was a profound sense of joy in helping other people. Sometimes, she engaged with COVID-19 patients through phone calls. Several individuals expressed their gratitude as Bella attentively listened to their concerns while offering spiritual advice to ease their worries.

DISCUSSION

Consistent with previous studies in the Philippines (Bangalan, 2022; Dodd et al., 2022), the findings also indicated that community health workers (CHWs) expressed feelings of fear and anxiety in performing their daily work activities. A scoping review by Ocampo et al. (2024) reported that many frontline health workers experienced moderate to severe health concerns related to fear, anxiety, stress, and depression. The researchers also discovered that many quantitative studies using online survey instruments also emphasized stress, anxiety, and fear as significant concerns for frontline health workers during COVID-19. In line with this, a quantitative cross-sectional study by Bangalan (2022) highlighted that among the 324 CHW respondents, 26% experience anxiety. Meanwhile, similar to the participants who shared their fear of mortality in this present research, a study by Karakose and Malkoc (2021) in Turkey reported the profound impact of fear on medical doctors. The findings revealed that they were expressing concerns about the potential circumstances their families might encounter if they were to contract COVID-19 and experience sudden death.

Amid the fear experiences, Filipino CHW participants strictly followed health protocols and even exercised family distancing during the community quarantine period. However, this isolation practice may have negatively affected their overall well-being. In Pakistan, Rana et al. (2020) remarked that medical workers experienced both physical and psychological pressure as a result of restricted contact with their family members. Even when CHWs were at home, they took the initiative to isolate themselves from their family members due to the fear of exposing them to COVID-19 (Ehrlich et al., 2020; Goldfarb et al., 2021). This self-imposed form of physical distancing from family members, even when they were living in the same household, was particularly challenging in the Philippine cultural context, since Filipinos highly value family bonds.

Nevertheless, the decision of Filipino CHW participants to practice family distancing represents a deep sense of responsibility and self-sacrifice to protect their family members from possible infection. This phenomenon demonstrates how cultural values rooted in Filipino society shape caregiving responses during health-related crises. Specifically, the choices of the participants to distance themselves voluntarily reflect the influence of Filipino core values, such as *pakikisama* (maintaining harmonious relationships and a sense of companionship), *pakikipagkapwa* (recognizing shared humanity and relating with others), and *pagamalasakit* (expressing compassion). A study by Jeon et al. (2023) indicated that family distancing may also be relevant in some South Korean households. These practices can be seen as their respondents used separate rooms, wore masks inside their homes, and avoided sharing hygiene kits. Although these behaviors protected their family members from COVID-19, family distancing also led to emotional stress and conflict, especially when other household members did not adhere to the same precautions (Jeon et al., 2023). Although family distancing was identified from a specific cultural setting, such as the Philippines, this concept can also be applied in other collectivist societies where family welfare is highly prioritized.

Strong family support played a vital role during the COVID-19 pandemic, as Du et al. (2020) suggested that this support may enhance the resilience of healthcare workers in coping with stress, anxiety, and depression. The results

of this present study also align with the buffering hypothesis by Cohen and Wills (1985), which emphasizes that strong social support systems can mitigate the negative implications of stress. The unwavering support provided by family members, as shared by the participants, helped ease their emotional burdens during the COVID-19 community quarantine. Although some of the CHWs were temporarily separated from their family members due to their own quarantine experiences and personal choice to exercise family distancing, they maintained contact through phone communication. This action reflects the emotion-focused coping strategies described by Lazarus and Folkman (1984), particularly as participants release their emotions through sharing their work situation and struggles with their family members. In response, the immediate and extended family members of the participants offered comforting words and consistent reminders to care for their well-being. A qualitative study conducted in India revealed that CHWs experienced a sense of relaxation and relief upon sharing their day-to-day experiences with their family members (Mishra et al., 2022). Aside from family members, the results from this study discovered that the participants also gained constant assistance and emotional support from their coworkers and the patients they tend to during the COVID-19 pandemic.

In addition to support from family members, the findings of this study discovered that the participants also received constant assistance and emotional support from their coworkers and the patients they tended to during the COVID-19 pandemic. Drawing from the typology of social support by Cohen and Wills (1985), the coworkers of the CHW participants provided instrumental support through practical assistance in daily work responsibilities. At the same time, both coworkers and patients offered emotional support by saying words of encouragement and showing gratitude. Patients who expressed appreciation to these CHWs for their service during the COVID-19 community quarantine also reflect appraisal support, which helped affirm their roles and strengthen their sense of purpose.

Although this study can contribute to physical and mental health literature about the coronavirus disease 2019, the results cannot be generalized since it concentrated solely on the narratives provided by seven Filipino community health workers. Moreover, as the combination of purposive and snowball sampling methods was employed to select participants for the semi-structured interview, the findings may not represent the experiences of the majority of Filipino CHWs. Future research endeavors could investigate variations in the support systems within families exhibiting different dynamics. Since the dataset of this study solely included female CHWs, other research could compare the experiences and healing strategies of health workers across various gender identities. Additionally, future studies may also examine the situation of Filipino health personnel employed in private hospitals during the COVID-19 pandemic. Finally, further research regarding COVID-19 should be conducted to verify or potentially challenge the findings of this study.

CONCLUSIONS

In handling COVID-19 patients, the participants experienced fear and anxiety. They were anxious about the effects of the pandemic in intensifying their occurring illnesses and the potential risk of mortality. On the other

hand, their fear extended beyond personal concerns, as they were also worried about transmitting the virus to their family members and the vulnerable population. Aside from the standard terms people encountered during the pandemic, such as physical and social distancing, the study discovered family distancing performed by the CHW participants. This term manifested when they separated themselves voluntarily from their families by leaving their homes and living in the workplace during quarantine. After returning home, they implemented intensive health measures before interacting with their relatives.

Despite facing avoidance, blame, and stigma from other individuals, the families of the participants remained supportive, standing by their side even as they maintained distance during the COVID-19 pandemic. In conclusion, many studies highlighted the unfavorable experiences of healthcare workers in their work environments and revealed that some of their own families were unsupportive. However, this present research indicated that the families of Filipino CHWs can accept their roles, demonstrate trust in their knowledge, and express genuine care and concern through constant communication regarding their health. Additionally, their coworkers served as a supportive second family who accompanied the participants in performing day-to-day activities. Throughout the COVID-19 pandemic, they formed friendships with both colleagues and patients. To this day, the participants appreciate the guidance and assistance they received from their coworkers as the battle against COVID-19 and other health illnesses persists.

The primary focus of this research revolved around the support received by CHWs from their families in navigating various physical health challenges such as COVID-19 exposure and physical exhaustion, as well as mental health concerns triggered by social isolation and fear. Although this study can contribute to physical and mental health literature about COVID-19, the results cannot be generalized since it concentrated solely on the narratives provided by seven Filipino community health workers. Moreover, as the combination of purposive and snowball sampling methods was employed to select participants for the semi-structured interview, the findings may not represent the experiences of the majority of Filipino CHWs.

Overall, despite carrying a demanding workload during the pandemic and enduring personal sacrifices to safeguard the well-being of their families and other individuals, they found a sense of fulfillment in serving the community. Despite the restricted social interactions during the COVID-19 community quarantine, Filipino CHWs managed to cultivate meaningful relationships. Most importantly, the participants realized their significance within their families, as their relatives expressed unconditional support, care, and concern.

Although this study can contribute to physical and mental health literature about the coronavirus disease 2019, the results cannot be generalized since it concentrated solely on the narratives provided by seven Filipino community health workers. Moreover, as the combination of purposive and snowball sampling methods was employed to select participants for the semi-structured interview, the findings may not represent the experiences of the majority of Filipino CHWs. Nonetheless, this study can offer novel insights into how family and community support systems reduce emotional distress and ease fear-related challenges among CHWs during a health crisis. The findings reflect the function of social support described by Cohen and Wills (1985) and illustrates the contribution of instrumental, emotional, and appraisal support to resilience. The efforts of the participants to

sustain social connections despite fear and anxiety also resonate with the view of Lazarus and Folkman (1984) regarding emotion-focused coping in situations where individuals have limited control over external resources and conditions.

Future research endeavors could investigate variations in the support systems within families exhibiting different dynamics. Since the dataset of this study solely included female CHWs, other research could compare the experiences and healing strategies of health workers across various gender identities. Additionally, future studies may also examine the situation of Filipino health personnel employed in private hospitals during the COVID-19 pandemic. Further research regarding COVID-19 should also be conducted to verify or potentially challenge the findings of this study.

Given the fear-related experiences expressed by the participants during the COVID-19 community quarantine, a demand emerged for additional support in the healthcare sector. When designing an intervention for Filipino CHWs, the focus should not only be limited to physical well-being but also to their psychological welfare. Furthermore, policymakers in local government units and health institutions may use this study as a reference for policy recommendations aimed at enhancing the welfare of CHWs. For instance, they may consider establishing structured peer support programs, mental health referral systems, and capacity-building activities that provide CHWs with emotional regulation tools and reliable health information. Considering the central role of family members in addressing the mental health challenges associated with COVID-19 pandemic, community-based mental health services should actively involve family members in CHW wellness initiatives, especially during public health emergencies.

DECLARATION

Ethics approval and consent to participate

Participation in this study was guaranteed to be free from any form of risk. The participants were not harmed throughout the research process. After delivering the informed consent form and guide questionnaire, this research ensured respect for the participants by providing them an option to decline participation. Moreover, they can withdraw their participation at any time, regardless of whether the data collection process has already begun. The researchers ensured that the religious background, socioeconomic class, sexual identity, cultural background, family status, and distinct physical characteristics of the participants were all respected. On the other hand, several actions were taken to promote rapport and trust. First, the researchers sent a letter to the community health workers in Bay, Laguna. The contact information of the researchers was given to maintain effective communication with the participants. Additionally, their schedules and preferred interviewing platforms were taken into account, providing them the option to interview in person or online based on their preferences. The identity of the participants was treated with confidentiality, and the information gathered from their experiences was used solely for educational purposes. Finally, the results of this study were communicated to the participants either online or in person.

Consent for publication

Not applicable

Availability of Data and Material (ADM)

The data gathered from community health worker participants are not publicly available to ensure their privacy and uphold the confidentiality agreements during the data collection process. Researchers who are interested in accessing the data may contact the corresponding author, and all requests will be carefully reviewed to ensure they respect the consent and confidentiality of the participants.

Competing interests

The authors declare that they have no competing interests

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Authors' contributions

MM took the lead in writing the manuscript, conceptualized the study, and organized the overall structure of the paper. He primarily interviewed the participants and refined the clarity of the content to align with the research objectives. He was also responsible for submitting the manuscript to the journal for publication.

IA provided overall guidance throughout the research process. He assisted in clarifying the objectives, validated the research instruments used for the semi-structured interviews, carefully reviewed the manuscript, suggested and wrote revisions, and gave final approval for the publication of the manuscript.

MD refined the draft of the manuscript and provided valuable insights about the background and review of related literature. She also contributed to the development of the methodology and revised the conclusion section.

HV supported the writing of the methodology and made significant contributions to the presentation and interpretation of the findings.

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ADDITIONAL INFORMATION

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